II. AMENDMENT TO THE CLAIMS

1. (Currently Amended) A method for therapeutic management of infertility and increasing the quality of fertilized oocytes and embryos by programming controlled ovarian stimulation (COS) and assisted reproductive techniques (ART) in order to optimize oocyte harvesting and fertilization, the method comprising the following steps:

a) programming the start of controlled ovarian stimulation by resetting the menstrual cycle through ~~via~~ administration of a compound selected from the group consisting of a LHRH antagonists, a progestogen only preparation, a combined oral contraceptive preparation, and a combination thereof wherein the LHRH antagonist is selected from the group consisting of cetrorelix, teverelix, ganirelix, antide, and abavelix and is administered at a dosage range between 0.5 mg to 10 mg during the luteal phase of the menstrual cycle to induce luteolysis, and wherein the progestogen only preparations and/or the combined oral contraception preparations are administered starting during both the luteal phase and day 1 or 2 of the menstrual cycle;

b) exogenous stimulation of the ovarian follicle growth via administration of a compound selected from the group consisting of urinary FSH, recombinant FSH, HMG, recombinant LH, clomiphene, and a combination thereof;

c) suppression of premature ovulation via administration of a LHRH-antagonist selected from the group consisting of cetrorelix, teverelix, ganirelix, antide, and abavelix during the follicular stage of the menstrual cycle;

d) induce ovulation via administration of HCG; and

e) application of assisted reproduction techniques, especially IVF, ICSI, GIFT, ZIFT or by intrauterine insemination via sperm injection.

2-3. (Cancel)

4. (Previously Presented) The method of claim 1 wherein the intake of the progestogen only -preparations or combined oral contraceptive preparations or LHRH antagonist or combinations thereof is completed on Mondays to Thursdays to obtain start of menstrual bleeding and of ovarian stimulation therapy on Fridays to Mondays and oocyte pick up and further ART procedures can be scheduled and undertaken on Mondays to Thursdays.

5. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the LHRH-antagonist is cetrorelix.

6. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the LHRH-antagonist is teverelix.

7. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the LHRH-antagonist is ganirelix.

8. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the LHRH-antagonist is antide.

9. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the LHRH-antagonist is abarelix.

10. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the programming is performed by oral administration of progestogen preparations.

11. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the programming is performed by oral administration of progestogen-only containing contraceptives.

12. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the programming is achieved by oral administration

of combined monophasic contraceptive preparations containing ethinylestradiol and progestogen.

13. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the programming is undertaken by oral administration of biphasic contraceptive preparations containing ethinylestradiol and progestogen.

14. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the programming is performed by oral administration of triphasic contraceptive preparations containing ethinylestradiol and progestogen.

15. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the programming is performed by oral administration of contraceptive preparations containing mestranol and progestogen.

16. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the programming is performed by the LHRH antagonist cetrorelix with a dosage of 0.5 to 10 mg administered during luteal phase.

17. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the programming is performed by the LHRH antagonist teverelix with a dosage of 0.5 to 10 mg administered during luteal phase.

18. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the programming is performed by the LHRH antagonist ganirelix with a dosage of 0.5 to 10 mg administered during luteal phase.

19. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the programming is performed by the LHRH antagonist antide with a dosage of 0.5 to 10 mg administered during luteal phase.

20. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the programming is performed by the LHRH antagonist abarelix with a dosage of 0.5 to 10 mg administered during luteal phase.

21. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the stimulation is performed by administration of urinary FSH or recombinant FSH or HMG, or recombinant LH, or a combination thereof.

22. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the ovarian stimulation is achieved with clomiphene.

23. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the ovarian stimulation is achieved with the combination of antioestrogens with gonadotropins.

24. (Previously Presented) The method of therapeutic management of infertility by programming of controlled ovarian stimulation and assisted reproductive technique procedures according to claim 1 in which the ovarian stimulation is achieved with the combination of clomiphene with gonadotropins.